U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 25456

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	1 / [1 / [0.5] Through: [1.2 / 3.1] / [0.5]	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Aaron M Vogt	Name IBEW L.U. 1205	
	Labor Organization File Number 024-570	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 1431_SE 43rd_Street	Street 2510 NW 6th Street	
City Gainesville	City Gainesville	
State Florida ZIP Code + 4 3264.1	State Florida ZIP Code + 4 32609	
5. Position in labor organization. Examining Board		
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively sacking to represent. 7.a. Nature of Interest, Transaction, or Income.		
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	7.b. Amount.	
Street		
City		
State ZIP Code + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed Ashlog	On 4/6/06 352-378-4759 Date Telephone Number	
Form I M-30 (2003)	D 4 450	

Name of Person Filing Aaron M. Vogt		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or solling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name TBEW_L.U.1205 Trade Name, if any: Electrical Construction	a. Labor Organizati	ion	
P.O. Box, Bldg., Room No., if any	_X, b. Trust c. Employer		
Street 2510 NW 6th Street			
City Gainesville ZIP Code + 4 32609			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name Gainesville_Electrical_JATC	The training of electrical		
Trade Name, if any:	apprentices the IBEW.	and members of	
P.O. Box, Bldg., Room No., if any P.O. Box 5428	the 152".		
Street	11.b. Approximate dollar value	e of such dealing. \$3184.00	
City Gainesville	12.a. Nature of interest held or income received.		
State Florida ZIP Code + 4 3.2.6.2.7	Income for instructor		
	12.b. Amount.	\$3184.00	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13 h Is the Rusiness on Employer as Consultant	14.b. Amount of payment.		